

APPLICATION FOR A MONTANA ASBESTOS PROJECT PERMIT AND NESHAP DEMOLITION/RENOVATION NOTIFICATION

| TYPE OF APPLICATION/PERMIT (See Instructions) | | | | ACCOUNTING CODE: 574832 / 502702 / 02202 | |
|---|---|---|---|--|--|
| <input type="checkbox"/> Project Permit | <input type="checkbox"/> Project Permit Revision | <input type="checkbox"/> Courtesy Notification (NESHAP) | <input type="checkbox"/> Annual Permit | | |
| <input checked="" type="checkbox"/> NESHAP Notification | <input type="checkbox"/> NESHAP Notification Revision | <input type="checkbox"/> Annual Permit Amendment | <input type="checkbox"/> Annual Permit w/Contractor | | |
| TYPE OF NOTIFICATION | | | | | |
| <input type="checkbox"/> Renovation (R) | <input type="checkbox"/> NESHAP Demo/Reno | <input type="checkbox"/> Ordered Demolition (O) | <input type="checkbox"/> Transport (T) | | |
| <input checked="" type="checkbox"/> Demolition (M) | <input type="checkbox"/> Courtesy (C) | <input type="checkbox"/> Emergency Renovation (E) | <input type="checkbox"/> Disposal (D) | | |
| <input type="checkbox"/> Annual | (For Annual Permit Holders) Annual Permit MTF | | | | |

| ASBESTOS PROJECT CONTRACTOR (Operator) | | | | |
|--|-----------------------|--|--------------|------------------------|
| Montana Department of Transportation | | | | |
| <i>Asbestos Project Contractor, Individual or Company Name</i> | | | | |
| PO Box 201001 | Helena | Lewis & Clark | MT | 59620 |
| <i>Mailing Address</i> | <i>City</i> | <i>County</i> | <i>State</i> | <i>Zip</i> |
| 406-444-7647 | Stan Sternberg | | | |
| <i>Telephone Number</i> | <i>Fax Number</i> | <i>Contractor Contact Person (First and Last Name)</i> | | |
| <i>On-Site Project Contractor/Supervisor</i> | | <i>Contractor/Supervisor Accreditation Number</i> | | <i>Expiration Date</i> |

| DEMOLITION/RENOVATION CONTRACTOR (Operator) | | | | |
|---|-------------------|--|------------|---------------|
| <i>Demolition/Renovation Contractor, Individual or Company Name</i> | | | | |
| | | | | |
| <i>Mailing Address</i> | <i>City</i> | <i>State</i> | <i>Zip</i> | <i>County</i> |
| | | | | |
| <i>Telephone Number</i> | <i>Fax Number</i> | <i>Contractor Contact Person (First and Last Name)</i> | | |

| SITE INFORMATION | | | | |
|--|-------------------------|--|-----------------|--|
| Parcel 42 and Parcel 43 MT-NH-NCPD 15(76) | | | | |
| <i>Building Name / Site</i> | | | | |
| 1405 US Highway 2 West and 1417 US Highway 2 West | | Kalispell | MT | 59901 Flathead |
| <i>Location Address</i> | | <i>City</i> | <i>State</i> | <i>Zip</i> <i>County</i> |
| None | | | | |
| <i>Site Telephone Number</i> | | <i>Location Contact Person (First and Last Name)</i> | | |
| (p. 42) 2,116 | 1 1950 | 28 North | 22 West | 12 |
| (p. 43) 2,657 | 1 1958 | 28 North | 22 West | 12 |
| <i>Building Size (sq. ft.)</i> | <i>Number of Floors</i> | <i>Age of Site in Years</i> | <i>Latitude</i> | <i>Longitude</i> <i>Township</i> <i>Range</i> <i>Section</i> |

| SITE/BUILDING OWNER | | | | |
|---|--|--------------|--------------|--------------------------|
| Montana Department of Transportation | | | | |
| <i>Owner Name</i> | | | | |
| PO Box 201001 | Helena | MT | 59620 | Lewis & Clark |
| <i>Mailing Address</i> | <i>City</i> | <i>State</i> | <i>Zip</i> | <i>County</i> |
| 406-444-6387 | Carla Haas | | | |
| <i>Telephone Number</i> | <i>Contractor Contact Person for Owner (First and Last Name)</i> | | | |

| LOCATION PRESENT USE* | | | | | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|---------------------------------------|----------------------------|----------------------------|----------------------------|---------------------------------------|
| * Commercial ~ Hospital ~ Industrial ~ Miscellaneous ~ Office ~ Public Building Residence ~ School ~ Ship/Boat ~ University/College ~ Vacant | | | | | | | | | | |
| <input type="checkbox"/> C | <input type="checkbox"/> H | <input type="checkbox"/> I | <input type="checkbox"/> M | <input type="checkbox"/> O | <input type="checkbox"/> P | <input type="checkbox"/> R | <input type="checkbox"/> S | <input type="checkbox"/> B | <input type="checkbox"/> U | <input checked="" type="checkbox"/> V |
| LOCATION PRIOR USE* | | | | | | | | | | |
| <input checked="" type="checkbox"/> C | <input type="checkbox"/> H | <input type="checkbox"/> I | <input type="checkbox"/> M | <input type="checkbox"/> O | <input type="checkbox"/> P | <input checked="" type="checkbox"/> R | <input type="checkbox"/> S | <input type="checkbox"/> B | <input type="checkbox"/> U | <input type="checkbox"/> V |

| PRE-RENOVATION/DEMOLITION ASBESTOS INSPECTION INFORMATION | | |
|---|---|---|
| Is Asbestos Present? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Date of Inspection: Parcel 42-12/30/09, Parcel 43-12/30/09 & 1/28/10 |
| Pat Driscoll, Doug Compton | MTA 3180, MTA 3027 | 11/20/10, 11/4/10 |
| <i>Printed Name of Inspector Who Performed Inspection</i> | <i>Accreditation Number</i> | <i>Expiration Date</i> |

| TYPE OF AND APPROXIMATE AMOUNT OF ASBESTOS MATERIAL | | | | | | | |
|---|--------|--|--------------------------|-------------------------------|-------|----------------------------------|-------|
| Amount & Measurement | | Type of RACM to be Abated (See Instructions) | | Non-Friable ACM to be removed | | Non-Friable ACM not to be abated | |
| | Amount | Measurement | | Type | CAT I | CAT II | CAT 1 |
| | | SF | LF | CF | | | |
| Material No. 1 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Material No. 2 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Material No. 3 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Material No. 4 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Material No. 5 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Material No. 6 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Material No. 7 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Material No. 8 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Material No. 9 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |

| | |
|---|--|
| SCHEDULED DATES FOR ASBESTOS ABATEMENT | SCHEDULED DATES FOR DEMOLITION/RENOVATION |
|---|--|

*must be at least 10 working days after date mailed

| | | | |
|-----------------------|--------------------------|-----------------------|--------------------------|
| Start Date (mm/dd/yy) | Complete Date (mm/dd/yy) | Start Date (mm/dd/yy) | Complete Date (mm/dd/yy) |
| N/A | N/A | * | |

PROJECT DESIGN INFORMATION

N/A

Print First and Last Name of Project Designer (PD)

(Accreditation Number/Exp. Date)

RACM WASTE TRANSPORTER

☐ Check if same as Abatement Contractor

N/A not RACM waste

Contractor, Individual or Company Name

Mailing Address

City

State

Zip

County

Telephone Number

Fax Number

Contractor Contact Person (First and Last Name)

RACM WASTE DISPOSAL SITE

- | | |
|--|---|
| <input type="checkbox"/> Allied Waste Systems of Montana Missoula Landfill | <input type="checkbox"/> Libby Class II Landfill |
| <input type="checkbox"/> Butte Silver Bow Government Landfill | <input type="checkbox"/> Miles City Area Solid Waste Dist Landfill |
| <input type="checkbox"/> City of Billings Solid Waste Division Landfill | <input type="checkbox"/> Northern MT Joint Refuse Disposal Dist Conrad Landfill |
| <input type="checkbox"/> City of Hardin Class II Landfill | <input type="checkbox"/> Park County Refuse Disposal Dist Livingston Landfill |
| <input type="checkbox"/> City of Malta Landfill | <input type="checkbox"/> Richland County Solid Waste Dist Sidney Landfill |
| <input type="checkbox"/> City of Shelby Landfill | <input type="checkbox"/> Sheridan County Solid Waste Dist Plentywood Landfill |
| <input type="checkbox"/> Coral Creek Landfill | <input type="checkbox"/> Valley County Refuse Dist 1 Glasgow Landfill |
| <input type="checkbox"/> Daniels County Commissions Scobey Landfill | <input type="checkbox"/> Valleyview Class II CCSS Helena Landfill |
| <input type="checkbox"/> Flathead County Solid Waste District Kalispell Landfill | <input type="checkbox"/> Other: |
| <input type="checkbox"/> High Plains Sanitary Landfill Site 1 - Great Falls/Floweree | |

THIS SECTION APPLIES TO FACILITY DEMOLITIONS/RENOVATIONS

I certify that the above information is correct and that a State-accredited asbestos inspector inspected the facility for asbestos prior to demolition/renovation. This Notice must be submitted to the Department at least 10 working days prior to the start of work.

Printed Name / Signature

Date

THIS SECTION APPLIES TO ASBESTOS PROJECTS

I certify that all work performed pursuant to the authorization of the Asbestos Project Permit will be performed in accordance with 40 CFR part 61, subpart M, §§ 75-2-501 through -519, MCA, ARM 17.74.301 through 17.74.406, and the Montana Asbestos Work Practices and Procedures Manual. In addition, I hereby certify all regulated asbestos-containing waste materials removed during this project will be transported properly and disposed of in a State-approved Class II landfill or similar approved asbestos disposal facility.

Printed Name / Signature

Date

FOR ASBESTOS PROJECTS PLEASE PROVIDE PER ARM 17.74.355

- ☐ A1. Project design with sketch. -- OR --
- ☐ A2. See Contractor Standard Operating Procedure dated _____. Project specific sketch, workers, and variance request attached.
- ☐ B. List of accredited asbestos personnel with their accreditation ID numbers and expiration dates.
- ☐ C. Copy of the contract showing the contract dollar amount for asbestos abatement.
- ☐ D. Appropriate fee (Actual Contract Volume for RACM removal x 10%). NOTE: If using a figure with cents, round up to the nearest penny.

x 10% =

Actual Contract
Volume

Fee Amount Enclosed

Check No.

DEPOSIT LOG NO.

Mail completed form and fee to: MT DEQ Asbestos Control Program, 1520 East 6th Avenue, PO Box 200901, Helena, MT 59620-0901

Mont. Code Ann. § 75-2-503(2) requires the department to issue a permit decision within seven calendar days following receipt of a complete application for asbestos projects which cost \$3000 or less. For projects exceeding \$3000, the estimated time to process and issue a decision is ten working days.

FOR EMERGENCY RENOVATIONS - APPLICATION MUST BE SUBMITTED WITHIN FIVE DAYS OF NOTIFICATION

Date of Emergency

(Start Date)

(Complete Date)

Description of the sudden, unexpected event.

Stop work, call MDT Environmental (444-7647) for assistance.

IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, SUBMIT COPY OF GOVERNMENT ORDER